



From the desk of

HUGH WHITMAN

SEPT 24, 2012

CLERK of the COURT
UNITED STATES BANKRUPTCY COURT
701 E. BROAD STREET, SUITE 400
RICHMOND, VA 23219

RICHMOND DIVISION		
F I L E D	SEP 28 2012	F I L E D
CLERK U.S. BANKRUPTCY COURT		

GENTLEMEN of the COURT:

RE: MOTTAN

PLEASE FIND ATTACHED A COPY of our
ORIGINAL PROOF of CLAIM WHICH IS STILL
UNSATISFIED.

MANY THANKS FOR ANY CONSIDERATION.

RESPECTFULLY,

Hugh D. Whitman

HUGH D. WHITMAN

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA Document Page 2 of 2

HEILIG-MEYERS COMPANY CLAIMS PROCESSING CENTER

C/O BANKRUPTCY SERVICES LLC

P.O. BOX 5064 FDR STATION

NEW YORK, NY 10150-5050

PROOF OF CLAIM

In re:
HEILIG-MEYERS COMPANY, et al.,
DebtorsChapter 11
Case No. 00-34533
through 00-34538

Name of Debtor Against Which Claim is Held

HEILIG-MEYERS Co.

Case No. of Debtor

00-34533-0034538

NOTICE: This form should not be used to file a claim against a debtor who is not a party to the bankruptcy case. The court will not accept a claim filed by a person who is not a party to the case. A request for payment of an administrative expense must be filed pursuant to 11 U.S.C. § 503.

Name and address of Creditor:

HUGH D. WHITMAN
P.O. BOX 801
NORFOLK, VA 23570-0801☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court in this case.☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number: 705-931-7612

Account or other number by which creditor identifies debtor:

Check here

☐ replaces
if this claim ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐
- Goods sold
-
- ☒
- Services performed
-
- ☐
- Money loaned
-
- ☐
- Personal injury/wrongful death
-
- ☐
- Taxes

- ☐
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
-
- ☐
- Wages, salaries, and compensation (fill out below)
-
- ☐
- Other _____ (explain)

Your SS#: 419-54-3183
Unpaid compensation for services performed
from 7-11-94 to 10-12-00
(date) (date)

2. Date debt was incurred: 7-11-94 - 10-12-00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 3977.25

If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

☒ Check this box if you have an unsecured priority claim Amount entitled to priority \$ 3977.25

Specify the priority of the claim:

☒ Wages, salaries or commissions (up to \$4,300), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).☐ Up to \$1,950 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.

DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date: 7-6-2005 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Hugh D. Whitman (Hugh D. Whitman)